PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

09751708

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	60 minus 20=	* 40
INDEPENDENT CLAIMS	31 minus 3 =	* 28
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐			OR	OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		370.00	OR	BASIC FEE	740.00
	X$ 9=		OR	X$18=	
	X42=		OR	X84=	
	+140=		OR	+280=	
	TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM ☐				

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: ___09751708___

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101				___	___	=	___
Total Claims >20	203/103	___	-20 = ___	X	360	___	=	360
Independent Claims >3	202/102	___	-3 = ___	X	616	___	=	616
Mult. Dep Claim Present	204/104				___	0 ___	=	___
Surcharge	205/105				___	___	=	___
English Translation	139							___
								976

TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = $ ___1915___

Less Filing Fees Submitted - $ ___939___

BALANCE DUE   = $ ___976___

_____
Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITHIN WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under 3 CFR 1.136(a) will not be permitted. Failure to respond within this peric will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Recor (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

☒ **A. Filing Fees due upon filing the application**

Total Filing Fees Due	= $ 1193
Less Filing Fees Submitted	- $(345)
BALANCE DUE	= $ 848

☐ **B. Fees due in connection with the amendment filed on** _____

Total Fees Due	= $ _____
Less Fees Submitted	- $(_____)
BALANCE DUE	= $ _____

ATTACHMENT: FORM PTO-875   Clerk of Group

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMEN

Fee submitted $ _____   Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (date) _____

Print Name: _____   Signature: _____

PTOL-31X2rv. 7-92

0330

NOTICE OF FEE DUE

DATE: _03-07-02_

TO: _Sector_

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: _09/751,708_

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

☒ Insufficient fee by check

☐ Insufficient funds in deposit account

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☐ Declined credit card

☒ Non authorization for charge to deposit account

☐ No fee submitted per requirement

The correct fee code ~~202~~ + 203   amount $ ~~~~ 9

The suspended fee code: 197   amount   - $ ____ 4

Fee Due   amount   = $ ~~~~ 5

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator _____